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by his own almost unaided and unschooled efforts, wrought his way to learning, gathered a library of his own slender earnings, attained singular beauty and independence of character, came into correspondence with many learned men. Engaged in pondering the highest themes while occupied with the lowliest duties, there is much in his opinions and traits which suggests Epictetus and Boehme. His portrait in steel is prefixed.

Die Bedeutung der Mimik für Diagnose des Irrseins. Von Professor LIKONSKY. Neurolog. Centralblatt, October 15 and November 1, 1887.

Two kinds of mimetic movements of the insane are distinguished, expressions of changed consciousness, and especially self-feeling, and abnormalities of facial innervation which have nothing to do with mimesis. In melancholia attonita the lower facial muscles are relaxed and the face seems prolonged. The corners of the mouth are drawn down. Horizontal wrinkles extend often entirely across the forehead. The mouth is shortened horizontally and slightly open. The muscles become fixed as a mask, and from contraction cease to express emotional character. In excitement they respond to emotional change very slowly. In mania the "muscular insanity" of the limbs is seen in typical cases as grimaces that do not express the emotions they would normally indicate. General excitement is also expressed in tensions that multiply wrinkles and sharpen the features. The expression of opposite emotions at the same time by different features is typical. In secondary apathetic dementia the face is smooth and expressionless, save the corrugation caused by the m. frontalis, which retains its emotional excitability longer than all others. In secondary dementia and verrücktheit there is much in common. Most interesting, however, is the mimesis of degenerative states. Here three types are distinguished: (a) Great preponderance of the muscles of the forehead over those of the lower part of the face. Sometimes all nuances of emotion are expressed by the frontal muscle alone in multiplying and deepening both vertical and horizontal corrugations. In other cases this muscle habitually expresses concentrated attention or meditation. (b) The upper lip is enlarged and is the centre of emotional expression, the excitement passing easily into irregular choreic movements. (c) The muscles involved in smiling may be the centre of excitement, and then those involved in sneering and crying are often involved, so that the laughter is convulsive and pathological. The eyes often sparkle, but the joy expressed seems painful. Duchenne's charts show that this involves different muscles from those involved in laughter mingled with sadness in normal cases. In all these cases the mimetic change is primary, so that emotions, even though unchanged, must work upon a changed mechanism. The mimesis is independent of will and consciousness. Relaxation and isolated partial changes in the muscular innervation of the face are also observed. After these higher psychic functions are weakened, the play of emotional expression on the face becomes more free, sharp, and intense. Mimesis of an undifferentiated character, and that involving the thick upper lip alone, are especially common among the savages, and may be called devolutive in the insane. These symptoms may be brought into relation with other expressive movements and have high diagnostic and prognostic

value. Finally, this fact is mentioned: Years ago the writer practiced constricting his facial muscles singly before a glass. He found the left side of his face most expressive and also most educable, and could do much with these muscles that he could not with those of the right side. Resuming these practices after years of intermission, he found to his surprise that he could now subject the right side to his will in what he could not do before, quite as well as the left. These isolated constrictions are possible on the lower part of the face only unilaterally, and cannot be accomplished bilaterally. Freusberg's account of anomalous movements in simple psychoses (*Arch. f. Psych.*, Bd. XVII) and Dr. Ziehen's more special article (*Berliner Klin. Wochenschr.* 1887, No. 26) cover somewhat different ground, although more closely related to this work than any other recent studies, so that Likonsky's observations are to some extent novel, and it is hoped may suggest further work in the same direction.

Arrested and Aberrant Development of Fissures and Gyres in the Brains of Paranoiacs, Criminals, Idiots, and Negroes. C. K. MILLS. *Journal of Nervous and Mental Disease*, September and October, 1886.

This valuable article, in the form of the presidential address of the American Neurological Association, designates the marks of cortical conformation of low type as follows: Simplicity of structure, with well defined and little complicated fissures and gyres, especially the frontal; atypical asymmetry and unusual symmetry; distinctness of Benedikt's external orbital fissure; partial or complete uncovering of the insula; absence of sinuosity in the central fissure, and imperfect demarcation from the sagittal and sylvian fissures; confluence of the central fissure above, below or lateral, and perhaps confluence generally; sharp, long, unabridged parietal fissure; small marginal gyre; elongated retrocentral fissure; an occipital fissure open in the lateral surface, with the superior pli de passage below the brain level; great length of the posterior vertical arm of the supertemporal or parallel fissure, with tendency to confluence with the sylvian, occipital or parietal fissure; smallness of paracentral lobuli and precuneus, and universal destruction of the median portion of the occipital fissure. Interesting specimens are shown. There is no criminal type of brain, for crimes are of most diverse character and from opposite motives, and at least such a type if it existed would be clearly allied to the types found in idiots, inebriates, and paranoiacs. Whether fissuration be due to mechanical causes or represent lines of retarded growth, each fissure is probably not due to a distinct process, but is in many cases, as Dr. A. J. Parker had shown, due to "vegetative repetition." If thus some fissures are secondary, it is idle to seek homologues for each fissure, even in closely related brains. Dr. Mills concludes by reminding us that it is not by the study of fissures and gyres alone that the whole truth can be determined, but the depth of fissure, thickness of gray matter, quality of tissue, weights, difference in ventricles, capsules, corpus callosum, etc., should be studied and compared, and such patient work would be of great value and would yield sure results to the patient student.